

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-011957

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

FILED MAR 21 1963

149

Primary Registration District No. 1002

Registrar's No.

1593

STATE FILE NUMBER

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 35 YEARS	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BAPTIST MEMORIAL HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1822 E. 69TH STREET
3. NAME OF DECEASED (Type or print) First Middle Last JAMES LUTHER THOMAS		4. DATE OF DEATH Month Day Year MARCH 8, 1963	
5. SEX MALE	6. COLOR OR RACE CAUC.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/30/1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY U.S. POST OFFICE	9. AGE (last birthday) 81
11a. FATHER'S NAME ELISHA THOMAS		11b. MOTHER'S MAIDEN NAME MATTIE A. THOMAS	12. CITIZEN OF WHAT COUNTRY U.S.A.
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		14. NAME OF HUSBAND OR WIFE MRS. MARTHA ELLEN THOMAS	
15. SOCIAL SECURITY NO.		16. INFORMANT FOSTER L. THOMAS, KANSAS CITY, Mo.	
17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Ulcer DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH few hrs	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Mar 8-63 to Mar 8-63 and last saw her alive on Mar 8-63 Death occurred at 6 PM. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C. Trippe MD		22b. ADDRESS 6247 Brookside Blvd	
22c. DATE SIGNED 3/9/63		22d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MARCH 11, 1963	
23c. NAME OF CEMETERY OR CREMATORY MT. MORRIS CEMETERY		23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI	
24. FUNERAL DIRECTOR J.W. NEWCOMER'S SONS, KANSAS CITY, Mo.		25. DATE RECD. BY LOCAL REG. 3-11-63	
26. REGISTRAR'S SIGNATURE Ruth Long			

USE BLACK INK

OR

TYPEWRITER RIBBON

Dr. Hanson C. Tupper
6209 Broadway
1:30-3:00 PM
07 00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Therod L. C. Ternaelt

Licensed Embalmer No. 3135

P. O. Address Dr. C. Tupper

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.